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Contents for this week's MEDNEWS:

- TRICARE proposes simplified pharmacy co-payment schedule
- Safety, common sense help ensure happy holidays
- Medevac is a team effort aboard GW
- Rota finds way to celebrate women, making health promotions effective
- Local high school students train at NH Halyburton
- TRICARE question and answer
- Healthwatch: Oh! My head feels like it's going to explode!

Stories

HEADLINE: TRICARE Proposes Simplified Pharmacy Co-Payment Schedule

WASHINGTON, Dec. 12, 2000 -- TRICARE officials propose to simplify co-payments for prescription drugs in accordance with the recent year's appropriations act. The new co-payments will be uniform for all beneficiaries and based on whether a generic or brand-name medication is dispensed.

The current co-payment structure is complex and confusing, said Army Lt. Col. William G. Davies, director of DoD Pharmacy Programs, part of the TRICARE Management Agency in Falls Church, Va.

"We're trying to improve the TRICARE pharmacy benefit to make it simpler to understand and more uniform, consistent and equitable for everyone," Davies said.

If the proposal is approved, he said, it would be kicked off DoD-wide April 1, 2001, when the TRICARE Senior Pharmacy program

is operational.

Under the proposed changes, beneficiaries would pay \$3 for generic prescription drugs and \$9 for brand-name drugs at TRICARE-affiliated retail drug stores for up to a 30-day supply or through the National Mail Order Pharmacy program for up to a 90-day supply.

TRICARE Prime enrollees who choose to obtain their prescription drugs from non-TRICARE affiliated retail outlets would continue to pay a 50 percent point-of-service fee after meeting their deductible. All others would pay the greater of a 20 percent co-pay or a \$9 charge per prescription.

"There are cost savings available to the majority of the beneficiary population depending on how the prescription drugs are obtained," Davies said.

Prescriptions obtained through the mail program are generally less expensive, he noted, because the government gets federal pricing. Also, the patient can receive three times the quantity for the same co-pay as through a TRICARE retail pharmacy.

Davies noted there is no co-pay for prescriptions filled at military hospital and clinic pharmacies. This, he said, is the best financial value for beneficiaries.

Beginning April 1, 2001, military retirees age 65 and over will be provided the same pharmacy benefit offered to beneficiaries under age 65.

Davies said the TRICARE Senior Pharmacy program would replace both the Pharmacy Redesign Pilot programs conducted since July at Fleming, Ky., and Okeechobee, Fla.

Persons who turn 65 before April 1, 2001, may participate in the pharmacy program without having Medicare Part B, but those who turn 65 after April 1 must be enrolled in Medicare Part B to participate, officials noted.

- USN -

HEADLINE: Safety, Common Sense Help Ensure Happy Holidays
By Staff Sgt. Kathleen T. Rhem, American Forces Press Service

WASHINGTON -- I've always felt there are two important things to keep in mind during the holidays: Don't let baby mistake the light-up nose on your Rudolph decoration for her "Baby's 1st Christmas" pacifier, and go easy on the rum if you share the eggnog with your cat.

But, believe it or not, DoD safety officials have tips they insist are better than mine.

Christmas trees are central to many families' holiday celebrations and yet can be among the most dangerous. Keep these tips in mind when selecting and decorating yours:

- Think fresh! Dry trees are an extreme fire hazard. Only a few needles should fall when you shake a fresh tree, and needles should bend but not break.

- Keep your tree outside in a bucket of water until you're ready to decorate.

- Cut a two-inch diagonal slice off the bottom before bringing it inside and keep water in the stand. A diagonal cut allows your tree to "drink" more.

- Keep your tree out of traffic areas and at least three feet from heat sources and fireplaces.

- It's easy to assume that your lighted decorations are OK this year because they worked when you put them away last year. Not so. Inspect them carefully before use, and be especially alert for worn or cracked wires. Make sure all light sets have an Underwriters Laboratory (UL) or Factory Mutual (FM) label. Also avoid overloading outlets and extension cords.

The Centers for Disease Control and Prevention in Atlanta suggest the following safe-handling tips for your holiday eats. Additional information can be found on the Internet <www.cdc.gov>

- Wash hands before and after preparing food, especially after handling raw meat and poultry.

- Keep raw meats and poultry separate from other foods. Clean and disinfect cutting boards and kitchen surfaces after preparing food, and use different plates and utensils for cooked food from those used for the raw foods.

- Refrigerate or freeze perishable foods right away after coming home from the store.

- Thaw frozen food in the refrigerator or microwave oven, not on the countertop.

- Keep hot foods hot and cold foods cold. Don't leave foods out at room temperature for more than two hours.

- Identify a designated driver early or arrange for taxis when you gather with family, friends and coworkers to celebrate the holidays. If you're the party host, serve plenty of food and nonalcoholic beverages. Of the 41,967 traffic fatalities in 1997, 39 percent were alcohol-related, according to the CDC's National Center for Injury Prevention and Control.

Other holiday safety tidbits gleaned from various sources are:

- Ensure smoke detectors work and have a fire extinguisher handy. Consider giving these lifesaving devices as holiday gifts to friends and family members.

- Don't burn wrapping paper in your fireplace. The colored inks can produce toxic fumes.

- Being alone this time of year can be depressing. Don't let someone you know spend the holidays alone.

- Choose age-appropriate gifts for children. Adhere to warning labels and age restrictions on packages. The Consumer Product Safety Commission has oodles of information on its Internet site <www.cpsc.gov> that lists product recalls as well.

- USN -

HEADLINE: MEDEVAC is a team effort Aboard GW
By JOSN Rick Beiswanger, USS GEORGE WASHINGTON

ABOARD USS GEORGE WASHINGTON (CVN 73) -- Your alarm screams at you. It's 0530. An hour before muster. You hit the snooze button again and again until you realize you've got just 10 minutes to get to work. You jump from your rack, and in mid-flight, you remember you sleep in the top rack. Your landing is soon announced over the 1MC: "Medical emergency, medical

emergency in compartment ..." You've broken your leg. Now you get to take a ride to the beach.

"Ninety percent of all medical evacuations are orthopedic injuries," said HM2(SW) Bobbie Turner, GW's MEDEVAC coordinator. "There are no orthopedics on the ship. That's why when someone needs a bone set or a cast on their leg they are medevaced off to receive the care they need."

"If a patient needs further care beyond the facilities of the ship, we need to get them somewhere they can be treated," said Cmdr. Paul Rocereto, Senior Medical Officer (SMO). "That's the purpose of a MEDEVAC."

When there's a MEDEVAC, the Medical Department pulls together, Turner said. Collecting the patient's health, dental and service records, TAD cost orders, ID card, Smart Card, and a bag of clean clothes, the whole department helps the MEDEVAC Team. Personal items, medications, X-ray prints, and a float coat and cranial are among the things packaged with the patient. And depending on the patient's condition, it might have to be done in 30 minutes.

Sometimes there's a Sailor hospitalized in a liberty port. That's when MEDEVAC patients return to the ship, rather than off.

"Our number one priority is trying to get [the patient] back to the ship," Turner said.

When a patient is in a hospital, the SMO or the duty flight surgeon will visit them. He'll determine if the ship can treat the patient, but the commanding officer has the final say on whether a patient will be evacuated.

If a MEDEVAC is needed, Turner contacts Theater Patient Movement Requirement Center (TPMRC), a part of the Air Force that coordinates all MEDEVACS in Sixth Fleet's area of responsibility (AOR).

"A MEDEVAC takes the highest priority," said Assistant Air Ops. Officer Lt. Cmdr. Joe Parks. "I've got C-2s, H-53s, H-60s, and other helicopters in the battlegroup that are at our disposal in case of an emergency."

Probably the riskiest place to have a MEDEVAC is during an Atlantic transit because the ship is so far from land, Parks said. "Even in the middle of the Atlantic we are within range of the Azores to the east, and Bermuda to the west," he added.

Lt. Gabe Soltero, a pilot with HS-15, recalls a time he was involved in a MEDEVAC.

"The patient's condition had worsened dramatically so everyone worked together," Soltero said. "He was in a stretcher, and the doctor, a flight surgeon, came along on the flight to take care of him. From the SMO's advice, I had to make sure I didn't go too high in altitude because of the patient's condition. After sticking to the valleys and avoiding high altitudes, we flew across Italy, from the Adriatic to Naples, in an hour."

After coming back to GW and concerned about his last passenger, Soltero kept getting updates from the SMO.

"When I heard the guy made it, it was such a good feeling," Soltero said. "I take my hat off to those in the Medical

Department. They're the ones who really take care of the patients."

- USN -

HEADLINE: Rota finds way to celebrate women making health promotions effective
By Heather King Navarrete, Naval Station Rota, Spain

ROTA, SPAIN -- With all of the health awareness issues that Americans encounter on a daily basis, it is becoming harder and harder for health promoters to call the public's attention toward important health-related issues. Recently, one group of health promoters at Naval Hospital Rota was able to capture the attention of 200 women and leave a lasting impression. The opportunity came about when a private, non-profit organization, spear-headed by Lt. Mari Schulz, a Navy audiologist, hosted a one-day women's forum.

The forum, "Womanhood: The basics and beyond," included 68 workshops that ranged in a variety of topics from health and finances to beauty and crafts and provided a chance for women to network.

"It was an event that meshed contributions from all base resources into one beautifully packaged educational and fun day," said Schulz.

During opening remarks, Breast Care Initiative Facilitator LT Elizabeth Escalera and Mammography Technologist Kimberly Plourde seized the opportunity to educate 200 women on breast cancer and the importance of early detection. Escalera and Health Promoter Betty Murphy set up a station in the banquet hall, which provided participants a chance to speak with health experts individually and to collect literature on the subject. There, Escalera completed nearly 100 breast cancer risk assessments and taught one of the 45-minute seminars offered.

The marketing opportunity the conference provided was invaluable, said Escalera. Nearly three months after the event, Escalera is still seeing a response.

"I still have women that were at the conference coming to the clinic, seeking guidance and information regarding breast cancer prevention and detection," she said.

The information was well received, said Murphy, because it was provided in a forum where women would be open to the information.

"When you have a big forum like that, it is helpful because it gives you a chance to get the message out in a different way," she said. "[As a health promoter], you are always looking for innovative ways to get the message out."

The event proved that careful marketing really does make a difference, said Schulz.

- USN -

HEADLINE: Local high school students train at at Halyburton Naval Hospital
By Cpl. Jason Morris, MCAS Cherry Point, N.C.

CHERRY POINT, NC -- Eleven seniors from Havelock High School are fulfilling one of many clinical requirements for the state certification for certified nursing assistant at Halyburton, according to Laurence Tarnowski, Havelock High School teacher.

"The CNA-1 is an entry-level position to health care," said Tarnowski. "They're in their last program in a series to attain the CNA."

The high school program contains three-levels. The course begins in the student's sophomore year when they take the selective course called biomedical technology. If the students want to go further, they need to take a prerequisite course in their junior year, which is primarily anatomy and physiology, according to Tarnowski.

"This particular course is a double-period course, which is a three-hour block of time," said Tarnowski. "So we spend the first nine weeks learning basic skills. The second nine weeks, we spend in clinical rotation: three-weeks at Britthaven Convalescent Center, and about seven-weeks at the naval hospital rotating through the different departments."

Members of the Halyburton staff appreciate the students' willingness to help.

"I think it's a great program," said Petty Officer 2nd class Willie McDonald, Naval Hospital Halyburton physical therapy technician. "The students are very helpful to us and they get a lot of first hand knowledge about the medical field."

More than half of the current students in the class are military family members stationed here with their parents.

"This course is a good start," said Matthew Merrill, son of CWO-4 Mark R. Merrill, Marine Aircraft Group 14 centralized administration director. "It's a real good learning experience. I plan on taking this knowledge into the medical field."

"I think it's an excellent class," said CWO-4 Merrill. "It gives the students the opportunity to observe and experience the career options in the medical field."

"This is an exceptionally good group," said Tarnowski. "They're very ambitious and very inquisitive. It's really a boost for me, after teaching these past six years. This is probably one of the better groups I've had."

"They're very trustworthy and their integrity is beyond question. It has to be so, working in health care," Tarnowski added.

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HEADLINE: TRICARE Question and Answer

Question: What is the National Mail Order Pharmacy Program (NMOP)?

Answer: The NMOP is DoD's new timesaving and inexpensive mail order service for maintenance prescriptions. Beneficiaries can receive free delivery to a home, temporary stateside address, or APO/FPO addresses.

- USN -

HEALTHWATCH: Oh! My head feels like it's going to explode!
By Lt. Cmdr. Mark Kiefer, MC, Naval Hospital Pensacola, Fla.

Your sinuses hurt. You have a fever, and discolored nasal discharge. You must have a sinus infection, right? Not necessarily! Before you spend the time and effort to see your doctor, please take a moment to consider your options.

Why do my sinuses hurt? Sinus pain does not mean you have a sinus infection. Viruses that infect the nose, hay fever, or allergies often involve the sinuses. The pain is due to blockage of the sinus openings preventing them from draining properly.

Why do I have a fever? Fever does not mean you have a bacterial infection. A fever less than 101 degrees is common in colds, and higher fevers of 101 to 104 are often seen in flu-like illnesses.

What about my yellow and green nasal discharge? Green nasal discharge does not mean bacteria cause your infection. The green or yellow color of your nasal secretions indicates your body is successfully fighting infection. Inflammatory cells that fight infection cause the color. Green and yellow nasal discharge is often seen in colds that are getting better and in people with hay fever and allergies.

What are some of the ways I can tell a viral illness from a true bacterial sinus infection? Symptoms of a viral infection of the nose and sinuses include clear to yellow or green nasal discharge, low grade fever, headache, sinus pain, muscle aches and sore throat. Symptoms that last longer than 10 days with no improvement or symptoms that worsen over 5 to 7 days may indicate a bacterial sinus infection. Additionally, nasal discharge that looks like the contents of a pimple (pus) may indicate a sinus infection.

Why not just treat my symptoms with an antibiotic? Antibiotics will not cure viral infections and can be harmful if given inappropriately. Antibiotics disrupt cell walls and unique reproducing mechanisms in bacteria. Viruses do not contain these cell walls or reproducing mechanisms, and therefore will not respond to antibiotics. Despite these facts, it is estimated that 20-60 percent of patients with the common cold leaves their physician's office with a prescription for an antibiotic.

What possible harms can an antibiotic cause? Overuse of antibiotics can lead to the development of bacteria that do not respond to the usual antibiotics that we currently use to treat infections. We are currently seeing an alarming rise in bacteria that have developed this resistance. This is largely due to treating people who have viral infections unnecessarily with antibiotics.

If you routinely receive antibiotics for colds and viruses, you are far more likely to become infected with these resistant bacteria. Additionally, antibiotics have side effects that include nausea, diarrhea, skin rash, and allergic reactions. Some allergic reactions can be severe enough to require hospitalization.

Can I prevent an infection by taking the antibiotic before I get sick? Treating viral infections with antibiotics will not

prevent bacterial infections. Trying to prevent bacterial infection by prescribing antibiotics can be harmful, as it increases the likelihood that you will get an infection with a bacteria that will not respond to the antibiotics we use. Furthermore, most patients recover from cold and virus symptoms in 10 to 14 days.

What medications and treatments have been proven to help relieve the symptoms of cold and viral infections of the nose and sinuses? Cool mist vaporizers may relieve symptoms. Tylenol and Motrin can be used for fever and pain. Saline rinses and decongestants (like Afrin spray and Sudafed tablets) may help. Some studies show a possible benefit from Zinc Gluconate (Cold/Eeze) when taken every 2 hours while you have symptoms. Antihistamines and nasal steroids are not recommended.

When should I contact my doctor? If you have symptoms that may suggest a bacterial sinus infection, you should consider seeing your doctor. Three out of every five patients with bacterial sinus infection will get better with no treatment. Patients with chronic illnesses (such as diabetes or cancer) and patients taking drugs that suppress their ability to fight infection (such as oral steroids) should see their doctor early if they develop symptoms of infection.

Finally, if you develop paralysis of the face, double vision, swelling over the forehead or swelling around the eye, with symptoms of sinus infection, you should see your doctor immediately.

If you have other questions about sinusitis, contact your doctor. Be proactive in your health. Insist that your doctor explain the need for an antibiotic before accepting a prescription you may not need.

(Lt. Cmdr. Mark Kiefer is a board-certified Family Practice physician at Naval Hospital Pensacola, Fla.)

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Comments and ideas for MEDNEWS are welcome. Story Submissions are highly encouraged. Contact MEDNEWS editor, At email: mednews@us.med.navy.mil; telephone 202-762-3218, (dsn) 762, or fax 202-762-3224.